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APPLICANTS

Eric John Gandras, Great Neck, NY;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **

02/18/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Met after PG Initials	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	/PHILLIP A GRAY/ Examiner's Signature				NY	2	64	3

ADDRESS

PATTERSON, THUENTE, SKAAR & CHRISTENSEN, P.A.
 4800 IDS CENTER
 80 SOUTH 8TH STREET
 MINNEAPOLIS, MN 55402-2100
 UNITED STATES

TITLE

Pelvic arterial catheter

FILING FEE RECEIVED 1952	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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